



agog dinner & discussion | **What Makes a Healthy Community?**

On July 30, Oregon University System Chancellor **George Pernsteiner** and his wife **Cheryl Fischer** hosted 17 people at their SE Portland home to explore the foundation of a healthy community. **Chris Kabel**, Program Officer with the Northwest Health Foundation moderated the discussion. **Dr. Larry Wallack**, Dean of the College of Urban & Public Affairs at Portland State University and **Eileen Brady**, co-founder of New Seasons Market and Oregon Public Health Policy Board member were in attendance.

The purpose of the evening was to discuss how social, economic and environmental factors play a powerful role in determining our health. The discussion naturally shifted to the highly charged and very timely issue of our values surrounding individual and public health – the values that influence the public policy decisions that shape these broader social factors. The discussion evolved along several themes. Each theme represented an important point. The group concluded that building healthy communities requires tremendous focus and work to create change and the commitment of time to observe those changes.

Autonomy versus paternalism

Folk wisdom tells us money can't buy health, but research has clearly established that socio-economic status does in fact determine health. Guests at this discussion dove right in, asking why money sits at the pinnacle of the health care debate. Dr. Wallack suggested that we are coming to grips with our values regarding fairness, justice, equality, etc. Collectively, we have no problem spending lots of money on things we value, and this is very telling. For example, some states spend more on prison incarceration than education -- that says something about our social values. We certainly value health as individuals, but it is less clear how much we value health *collectively*.

For instance, as our loved ones approach end of life, we are willing to do almost anything to sustain that life. In America, there is a pervasive belief man can control death, that money and resources are infinite, in essence denying death as a part of life. In our society, we justify financial expenses associated with end of life care with the value that we love the person so much. What about the many cultures that includes death as part of the human lifecycle, not to be delayed or avoided, but natural and expected? Upon recognizing a person was nearing the end of life, people choose to let them die for the same reason: because they love them so much.

What other lessons can we learn from developing nations? In these impoverished areas, people have to be creative and efficient with their few resources. In Uganda 35,000 villagers were served by a hospital with an annual budget of \$300,000 and 80 staff. When two British doctors toured the area several years ago, they observed 10 patients crammed in each room, and noted that some patients had walked up to 50 miles to receive medical care at the hospital. The doctors sent the 80 staff people out into the villages as community health workers to provide care for AIDS babies, malaria prevention, etc. Six years later, the hospital was nearly empty. The inherent lesson? In order to limit what comes into the clinic, it is necessary to focus *outside* the clinic, not making the clinic more efficient.

ROI and Public Policy

Here in the United States, all of the financial incentives in our health care system are geared toward getting people *into* the hospital or clinic for expensive procedures. In America, there is a general common belief that it is good to improve the chances of people being healthy. A discussion ensued about the challenges in demonstrating a return on investment for community-based prevention (e.g., parks, grocery stores, community gardens) related to a decline in specific health care expenditures. Take the airbag: we all benefit from it. We made a collective decision backed by public policy (after years of strong resistance from the auto industry). The ROI: We don't know who will be in a car accident and benefit from having an airbag in their vehicle, but we know many lives will be saved.

Shifting our values

How do we shift our value of health and health care from spending resources on treating disease and injury to the creation of health promoting environments, policies and community resources?

The key to public health is the collective decisions we make about how we organize our society.

This upstream approach requires creating and sustaining the community conditions and resources that assure the best opportunity for health for the most people possible, and developing and implementing public policies that move us toward achieving this vision.

The consequences of these policies are seen downstream in the number, type, demographic, damage, etc. of the people we “pull out of the river.” Health care is important but it doesn't reduce the number of people in the river. Other approaches that focus on individuals are also valuable but they won't make enough of an impact given the increasing numbers of new people at risk of falling into the river.

Trust in government

The group discussed the level of trust people have in the government, arguing that a national cynicism developed in the 1970s through a combination of declining wages, longer working hours, workers watching their hard-earned money going to the government and benefitting people they felt they had no connection to, and building resentments due to the Vietnam War and Watergate. This cynicism continued into the Reagan era with trickle-down economics. Trust in government remains low today.

So how do you solve public health problems that require public policy in a cynical, untrusting environment? What about our own cultural values? In our society, we want to see immediate results; if we don't, we, as one guest put it, bail. We're not willing to stick it out.

Building healthy communities

Building healthy communities, though, requires a tremendous focus and work to create change, and the commitment of time and resources to realize those changes. It requires us to look long and hard at our cultural values – and open ourselves to others. The group identified several ways to build a healthy community:

- **Create an environment where residents are within a 20 minute walk of schools, parks and grocery stores.** When Portland Mayor Sam Adams asked citizens involved in the Portland Plan if health impacts of planning should be considered as important or more important than economic or environmental impacts, an overwhelming 81% said yes.
- **Identify ‘food deserts’** - areas of Portland where grocery stores are scarce, but where convenience stores can abound. Unhealthy food is cheapest because it’s subsidized by the USDA – for example, corn subsidies exceed \$4.5 billion per year, keeping products made with high-fructose corn syrup cheap and ubiquitous. One key to a healthy neighborhood is **proximity to a nutritious grocery store.** Philadelphia is working on a solution: a Fresh Food Financing Initiative, which among other things provides loans to existing convenience stores to offer healthy options.
- **Raise awareness and educate the public on how to make and advocate for healthy choices.** People want to make healthy choices, and need to be given the opportunity to do so. Making healthy choices correlates with education level, and educational attainment correlates with income. When the educational system doesn’t work, the whole society fails. Today’s youth are less educated and financially worse off than their parents. This is the first time in American history this has happened. Through its Kaiser Permanente Community Fund, the Northwest Health Foundation awards about \$3 million in grants for projects addressing the social determinants of health including land use planning, transportation, access to healthy food, educational attainment, and public safety. Other philanthropic funders in the state and nationally are making similar investments. Philanthropy, however, is not an adequate substitute for sound public policy, and we must continue to educate and mobilize the community about the wisdom of improving our public systems to achieve better outcomes.
- **Mobilize the community to embrace policies to create change.** Reinforce the idea that we’re all in this together, and that it is a right for everyone to be healthy. Learn about models that are successful elsewhere. Don’t be ashamed to incorporate them. The American economic crisis is forcing us to redefine what our values are and rewrite new public policy narratives. It is a matter of public will: If we’re committed to health, we’ll do it.



Accountable Care Districts are regions of a community that is accountable for the population in its district. This new approach could help local communities create business and increase health in the region.

- **Systematize and sustain local efforts.** Frame public health as a value and moral imperative. Build on and appeal to the latent values that we share. Use assertive, positive messaging, appealing to both American conservatism and liberalism: “Let’s reclaim the American greatness to become the healthy nation that we should be.”
- **Continue this conversation on what makes a healthy community.** Share information with those you know and those you don’t. Civic engagement is critical to a building a healthy community, creates positive discourse, broadens perspectives, and increases social trust. Welcome disagreement: it breaks us out of our hermetically sealed environment.

The mission of Metropolitan Family Service is to strengthen families and individuals while enhancing their participation in community life. Organized by MFS, **A Gathering of Good (agog)** is a series of

community events promoting discussion, civic engagement and social change. In addition to exploring important social issues as a community, **agog dinners & discussions** raise public awareness of MFS’s effective programming for children, families, and older adults. MFS is celebrating 60 years of community service in 2010.



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Because together, we can do more.